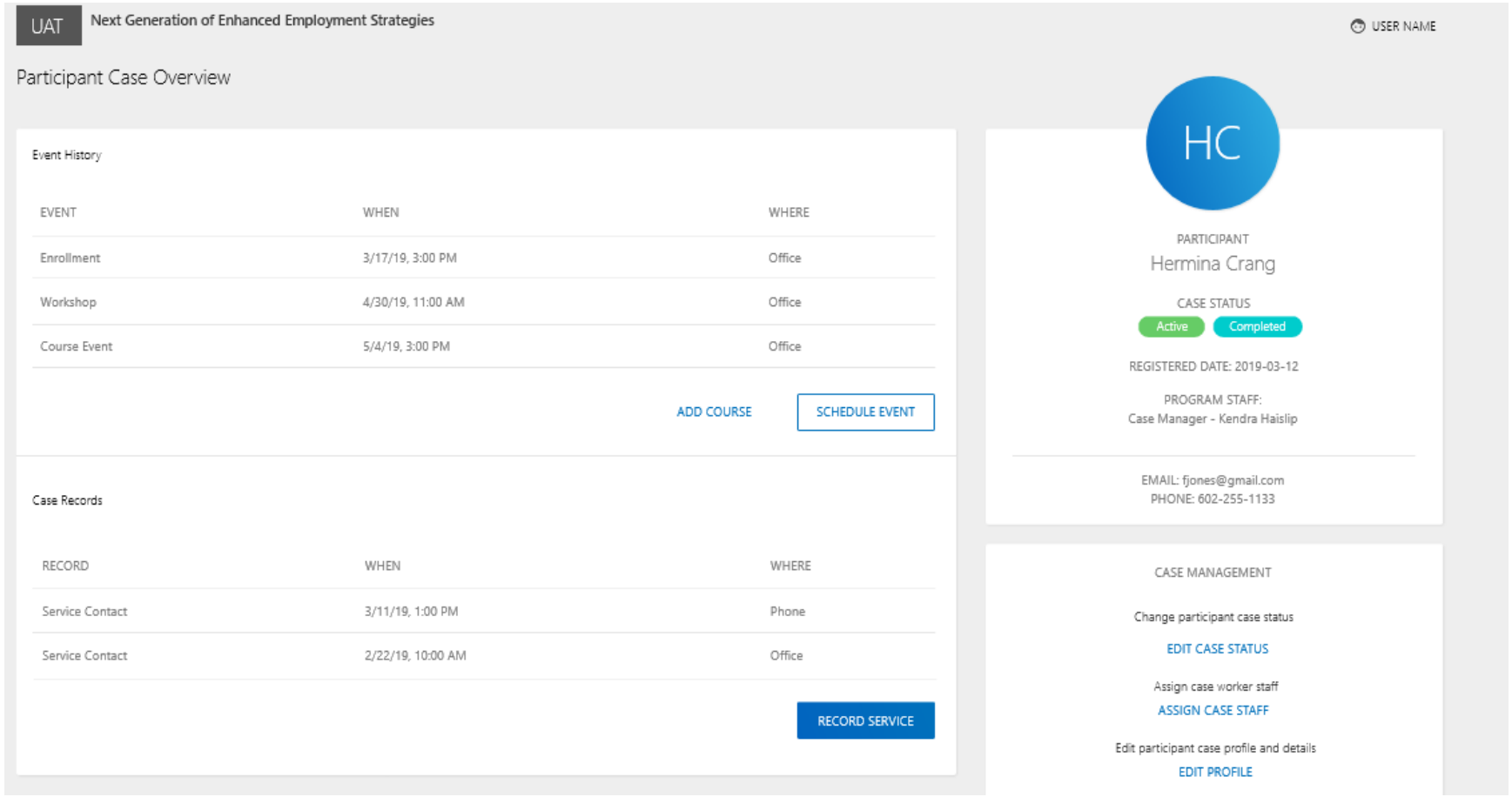
Appendix I. Instrument 5 Service receipt tracking

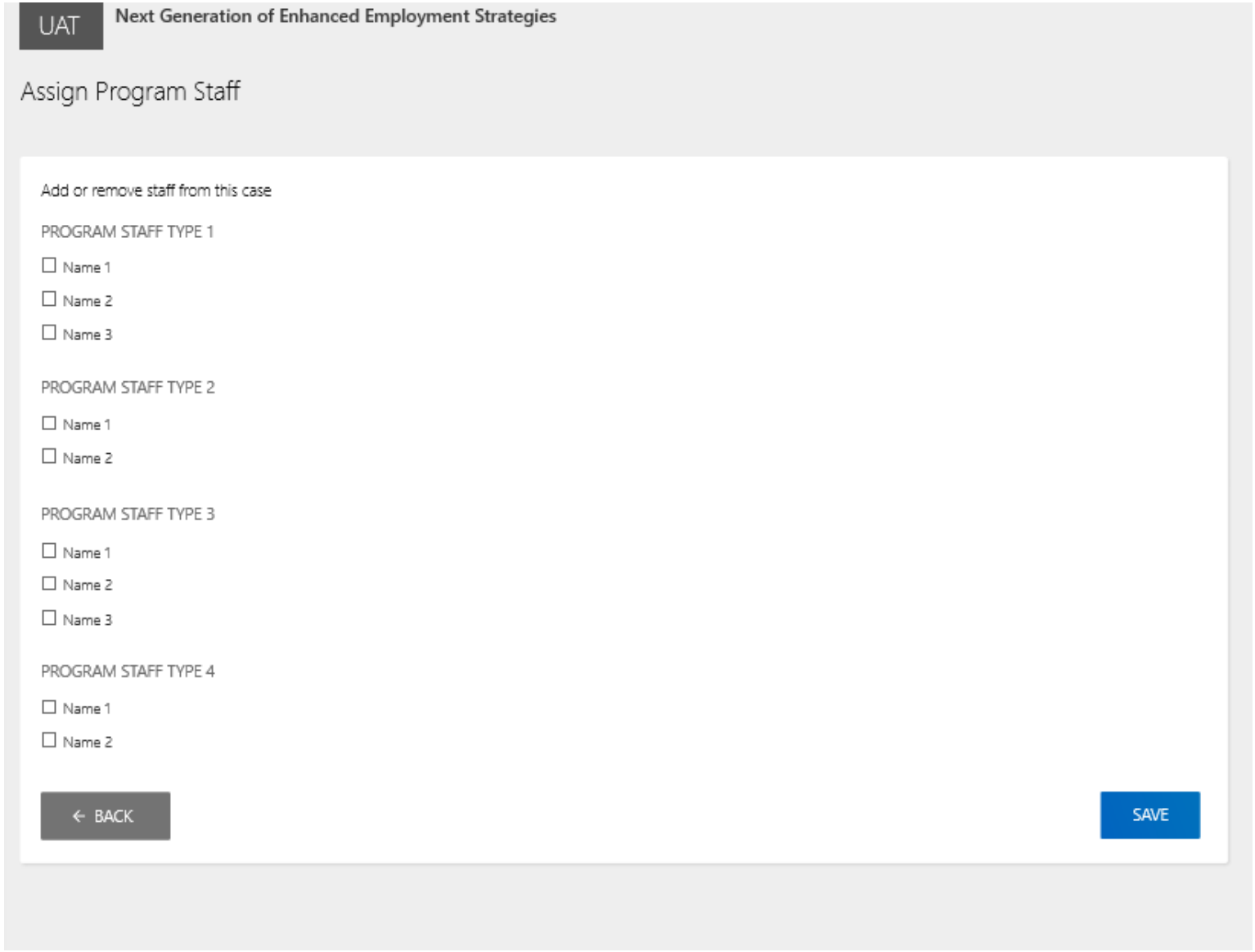
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX. The time required to complete this information collection is estimated to average 5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate to XXX. OMB expiration date xx/xx/xxxx.

Service Receipt Tracking – Screens in the Random Assignment, Participant Tracking Enrollment, and Reporting, or RAPTER®, system (this data is only collected for participants assigned to the treatment group)

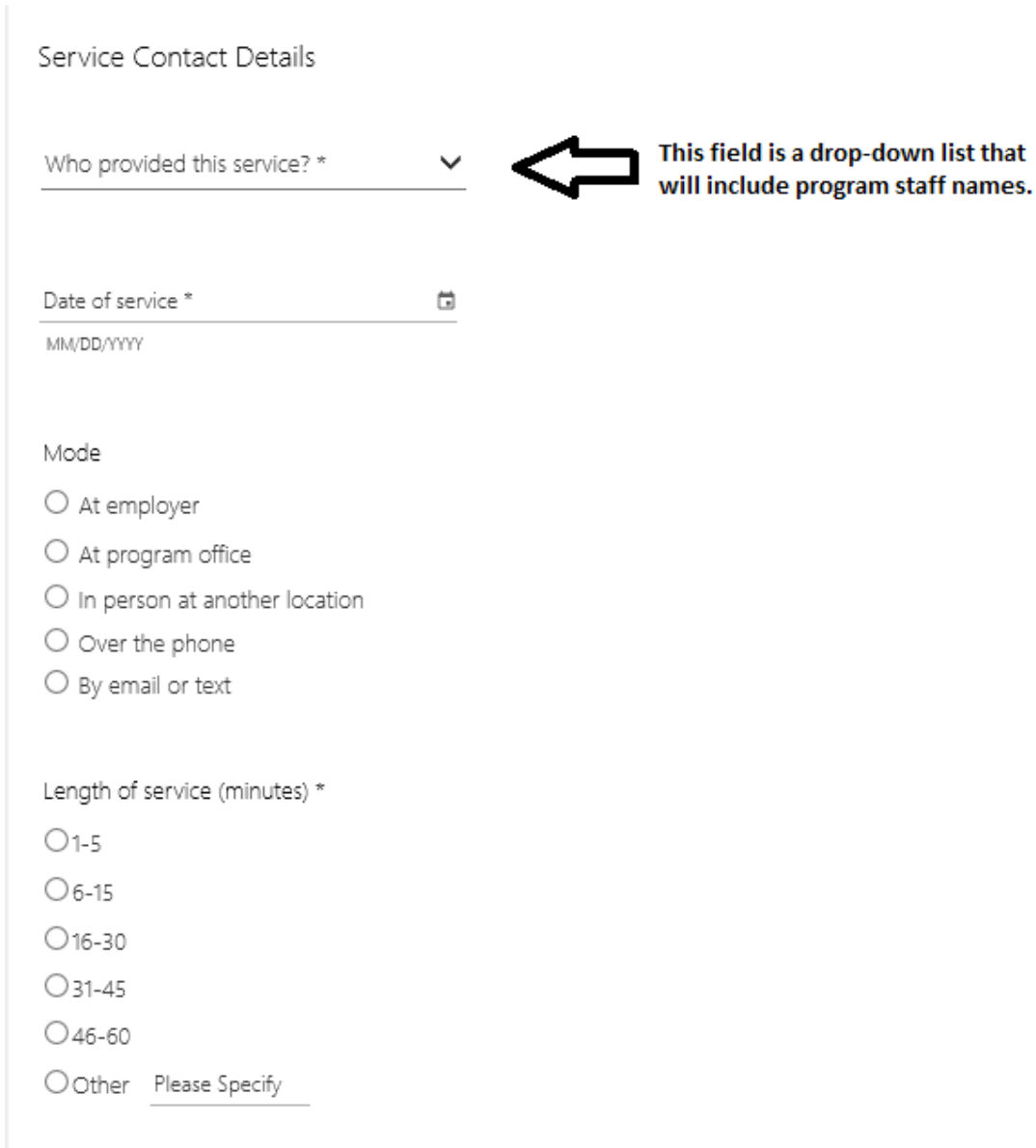
C1. Participant summary



C2. Assign program staff to participant case



C3. Add service contact



Who else participated?

- [ ] Program Staff #1
- [ ] Program Staff #2
- [ ] Program Staff #3
- [ ] Program Staff #4

Service Content

Service Type 1:

- [ ] Service 1
- [ ] Service 2
- [ ] Service 3
- [ ] Service 4
- [ ] Service 5
- [ ] Service 6
- [ ] Service 7
- [ ] Service 8
- [ ] Service 9
- [ ] Service 10
- [ ] Service 11
- [ ] Other Please specify

Service type and services listed on this screen will be tailored by site. Some examples of services may include:
***Resume development**
***Mock job interview**
***Vocational assessment**
***Feedback on job performance**

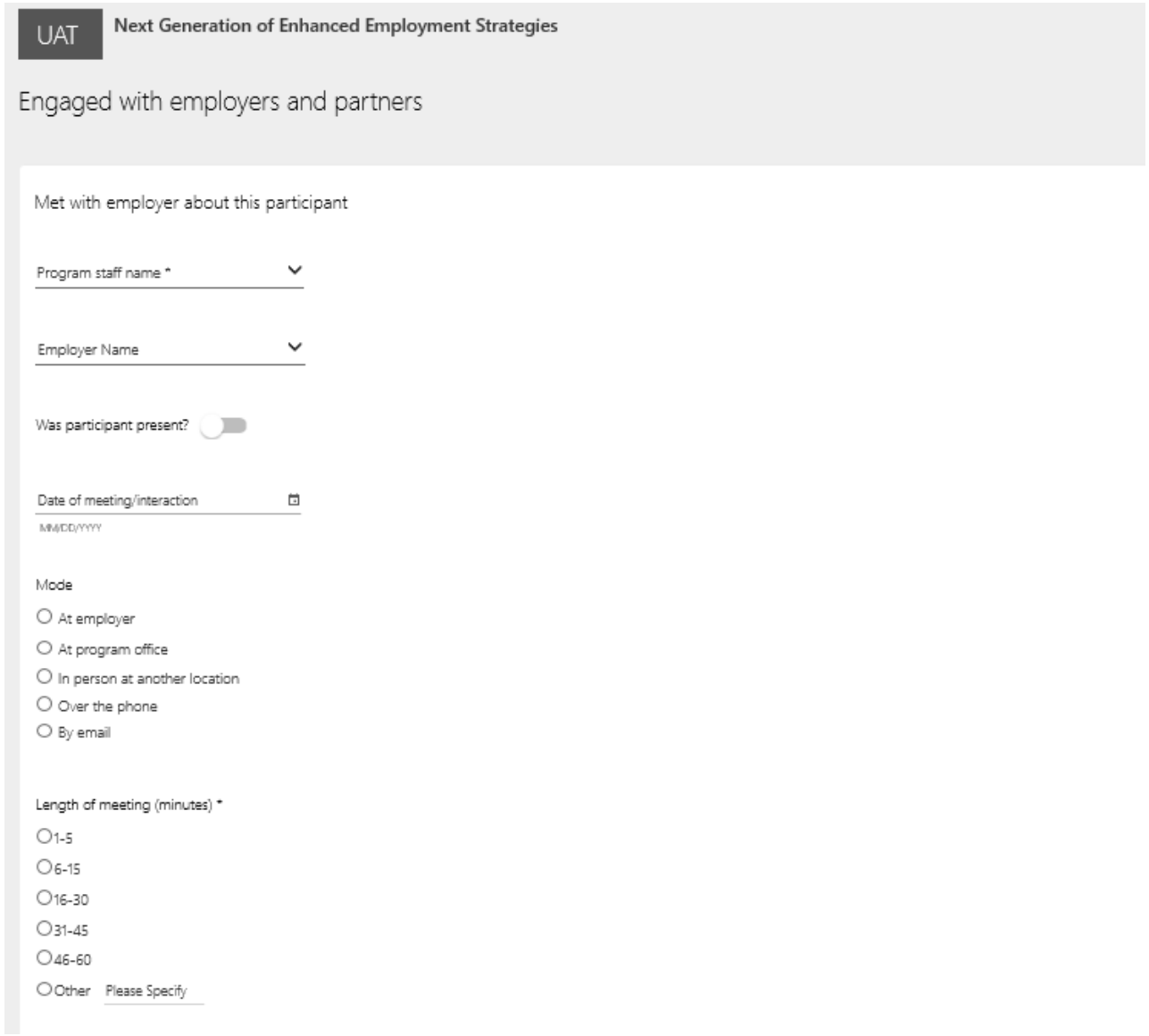
Service Type 2:

- [ ] Service 1
- [ ] Service 2
- [ ] Service 3
- [ ] Service 4
- [ ] Service 5
- [ ] Service 6
- [ ] Service 7
- [ ] Service 8
- [ ] Service 9
- [ ] Service 10
- [ ] Service 11
- [ ] Other Please specify

Service Type 3:

- [ ] Service 1
- [ ] Service 2
- [ ] Service 3
- [ ] Service 4
- [ ] Service 5
- [ ] Service 6
- [ ] Service 7
- [ ] Service 8
- [ ] Service 9
- [ ] Service 10

C4. Record collaboration with employer and other partners



Reasons

- [ ] Reason 1
- [ ] Reason 2
- [ ] Reason 3

Reasons for engagement will be tailored by site and may include:
***Discussion of job placement**
***Monitoring participant performance**
***Discussion of accomodations**

Engaged with health care provider about this participant:

Program staff name *

Health care provider name

Was participant present?

Date of meeting/interaction

MM/DD/YYYY

Mode

- ○ At health care provider
- ○ At program office
- ○ In person at another location
- ○ Over the phone
- ○ By email

Length of meeting (minutes) *

- ○ 1-5
- ○ 6-15
- ○ 16-30
- ○ 31-45
- ○ 46-60
- ○ Other Please Specify

Reasons

- ☐ Reason 1
- ☐ Reason 2
- ☐ Reason 3

Engaged with other partner about this participant

Program staff name * ⌄

Other partner name ⌄

Was participant present? ⬭

Date of meeting/interaction 🗓

MM/DD/YYYY

Mode

- ○ At partner's location
- ○ At program office
- ○ In person at another location
- ○ Over the phone
- ○ By email

Length of meeting (minutes) *

- ○ 1-5
- ○ 6-15
- ○ 16-30
- ○ 31-45
- ○ 46-60
- ○ Other Please Specify

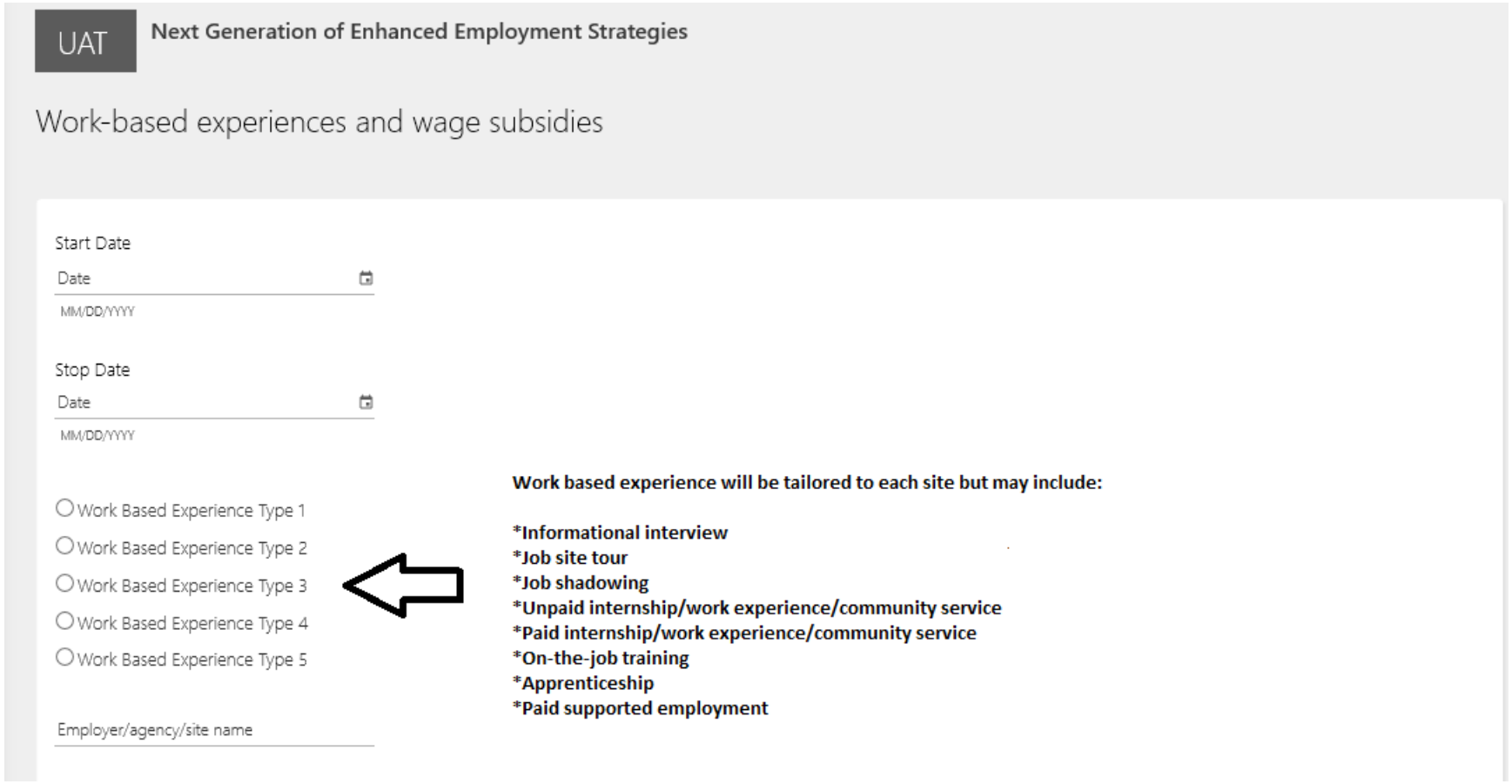
Reasons

- ☐ Reason 1
- ☐ Reason 2
- ☐ Reason 3

CANCEL

NEXT →

C5. Record work-based experiences and wage subsidies



Number of hours worked per week

Number of weeks worked

$ Amount paid to participant

- ○ per hour
- ○ per day
- ○ total stipend
- ○ other Please Specify

Was the wage subsidized by your program?

- ◉ Yes
- ○ No

$ Amount of wage paid by program

CANCEL

NEXT →

C6. Record education or training programs

Education or Training Programs

Add Education or Training Program Provided by [Name of Study Program]

Start Date

Date

MM/DD/YYYY

Stop Date

Date

MM/DD/YYYY

Has the participant enrolled in:

- ○ Type 1
- ○ Type 2
- ○ Type 3
- ○ Type 4

Education and training types will be tailored by site and may include:
***Basic literacy**
***Microsoft office**
***Culinary arts**

Has participant completed the program?

- ○ Yes
- ○ No

--

Did participant receive a credential?

- ○ Yes
- ○ No

What type of Credential?

- ○ Credential Type #1
- ○ Credential Type #2
- ○ Credential Type #3

Credential types will be tailored by site and may include:
*** Certified nursing assistant (CNA)**
***Commercial driver license (CDL)**
***Certified information security manager (CISM)**

Did study program pay some of the costs of the education or training program?

- ◉ Yes
- ○ No
- ○ N/A

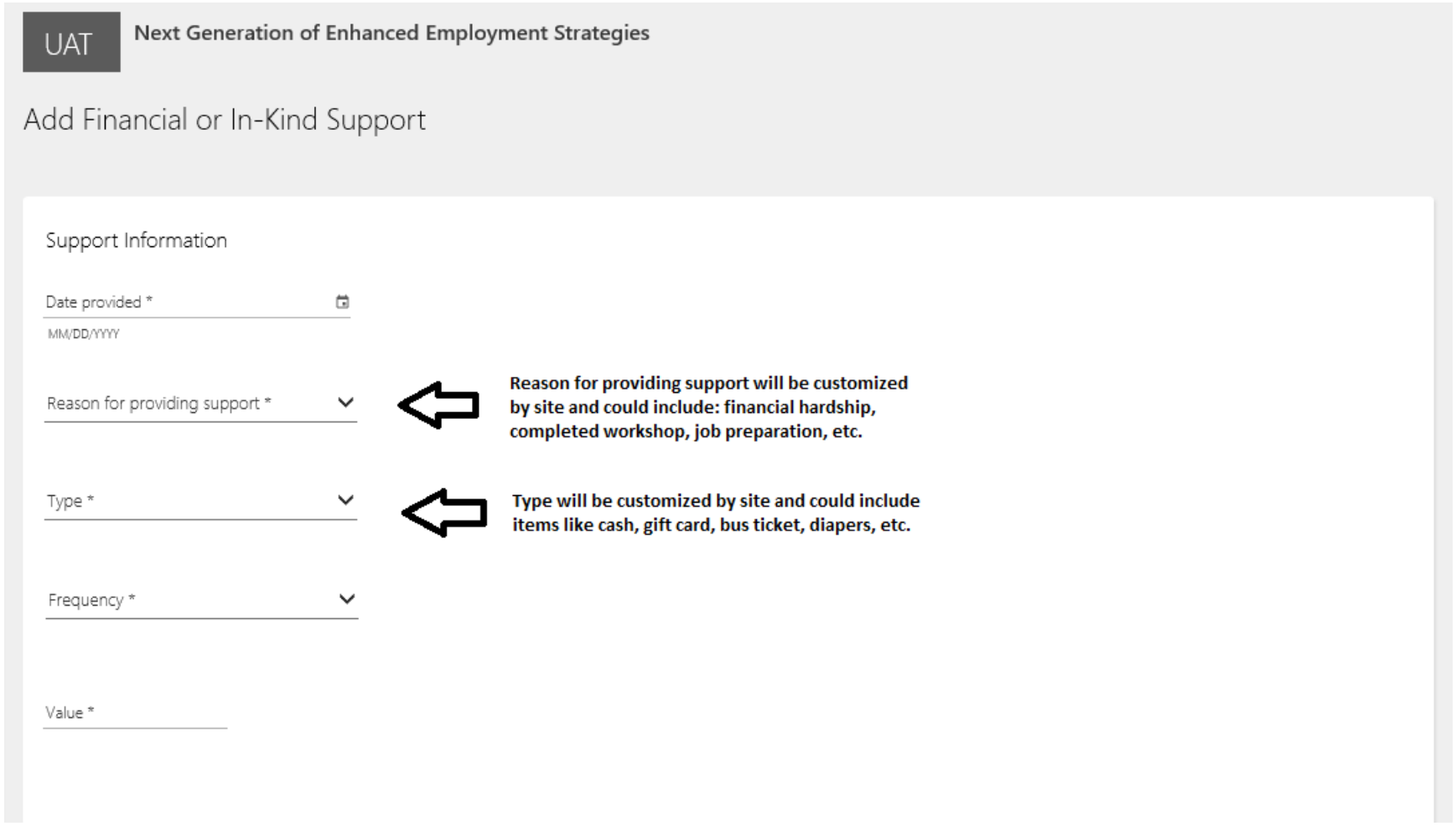
$ Total Cost

$ Cost Paid by Program

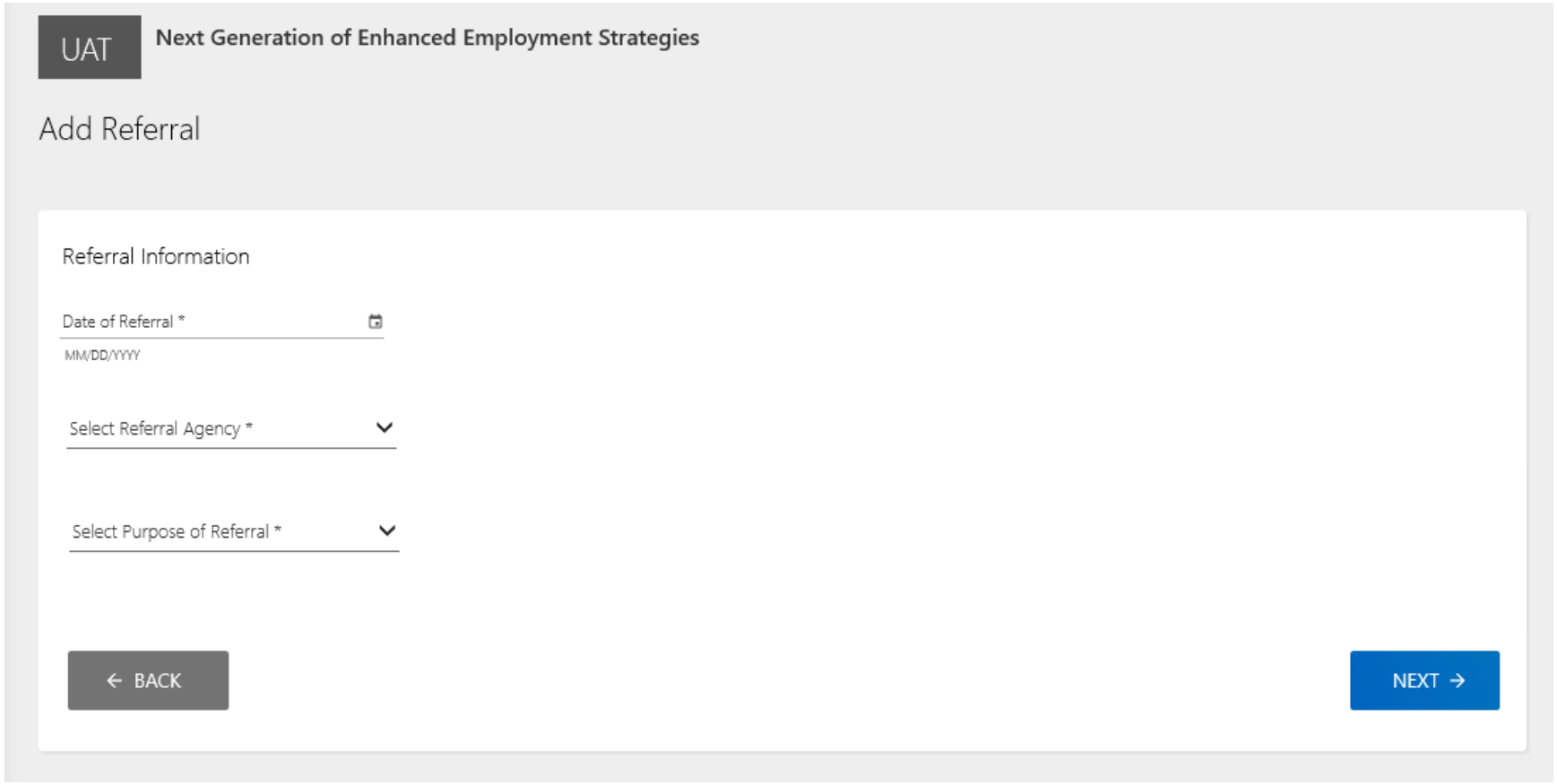
CANCEL

NEXT →

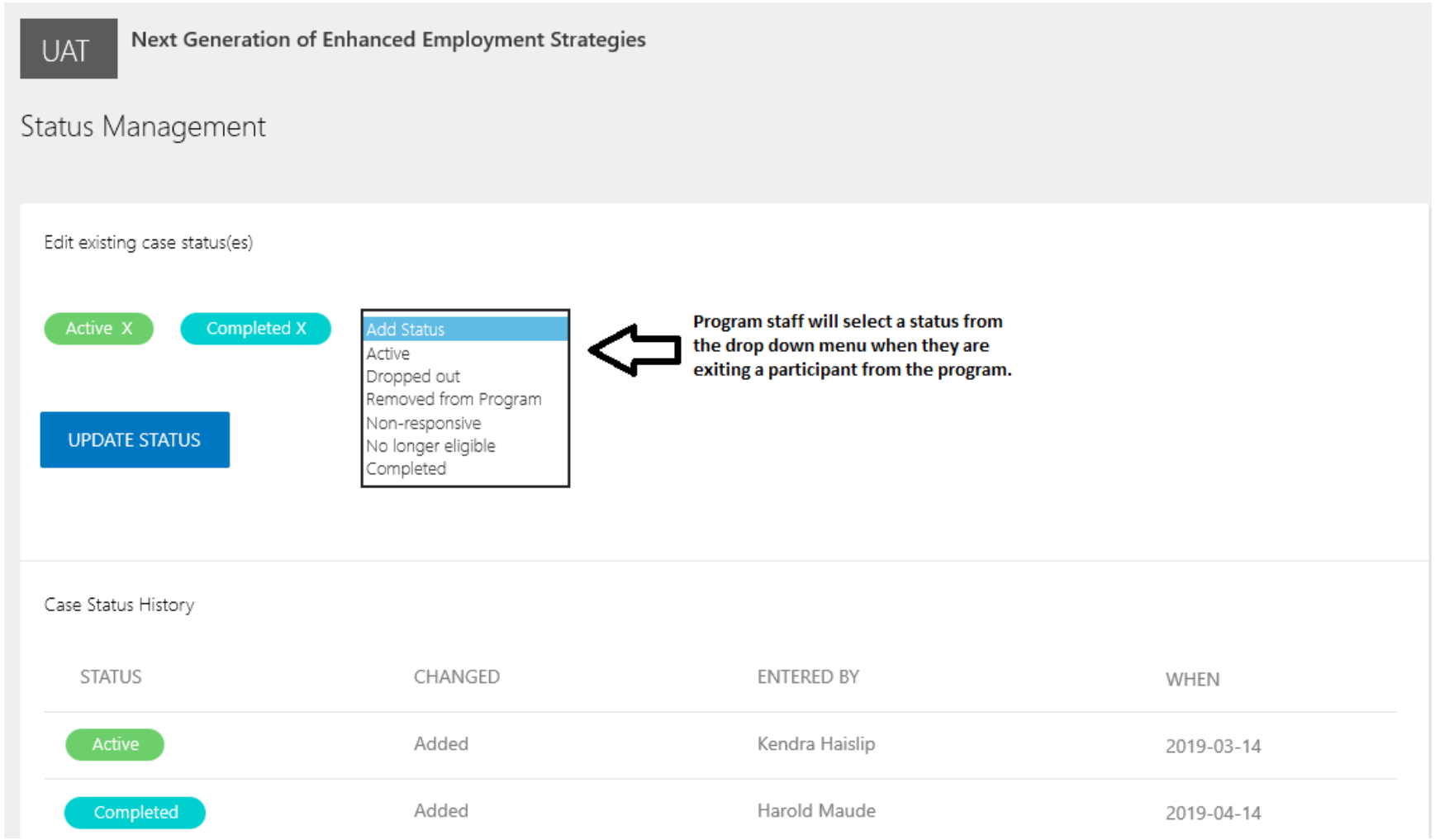
C7. Add financial or in-kind support

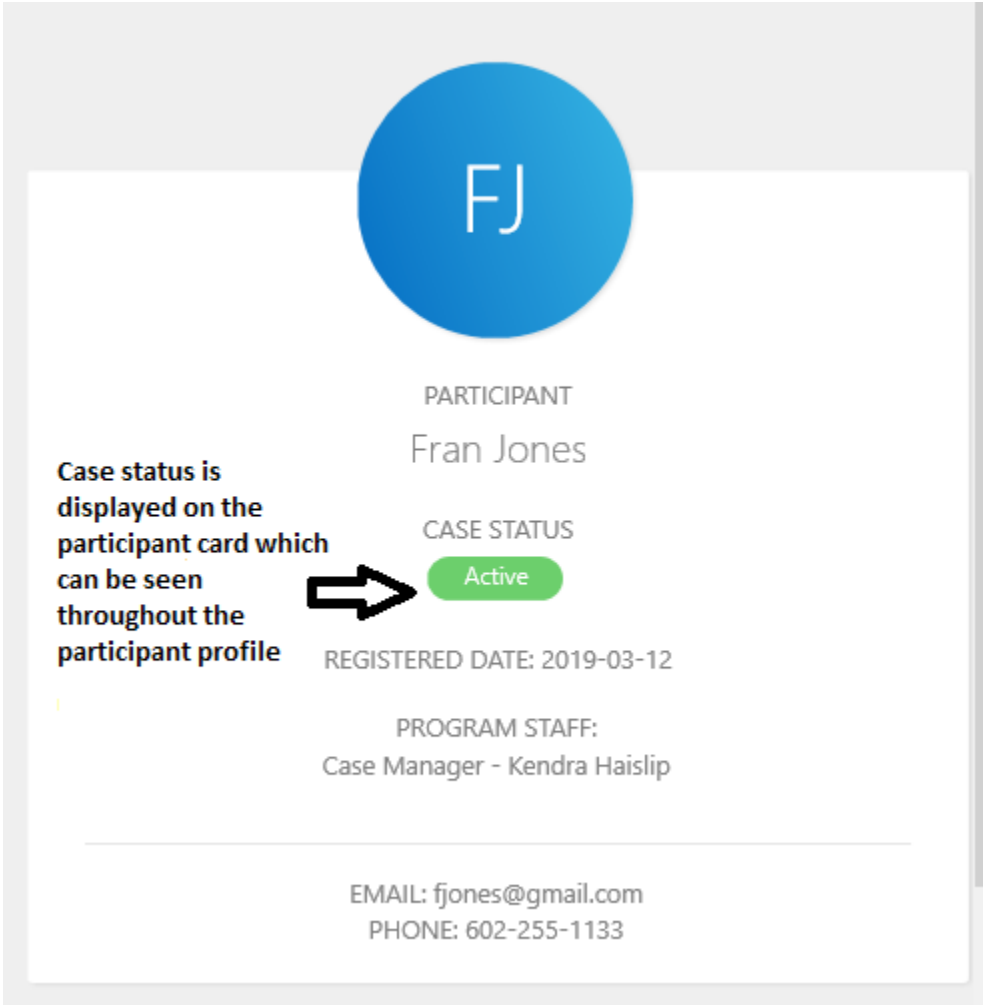


C8. Add referral



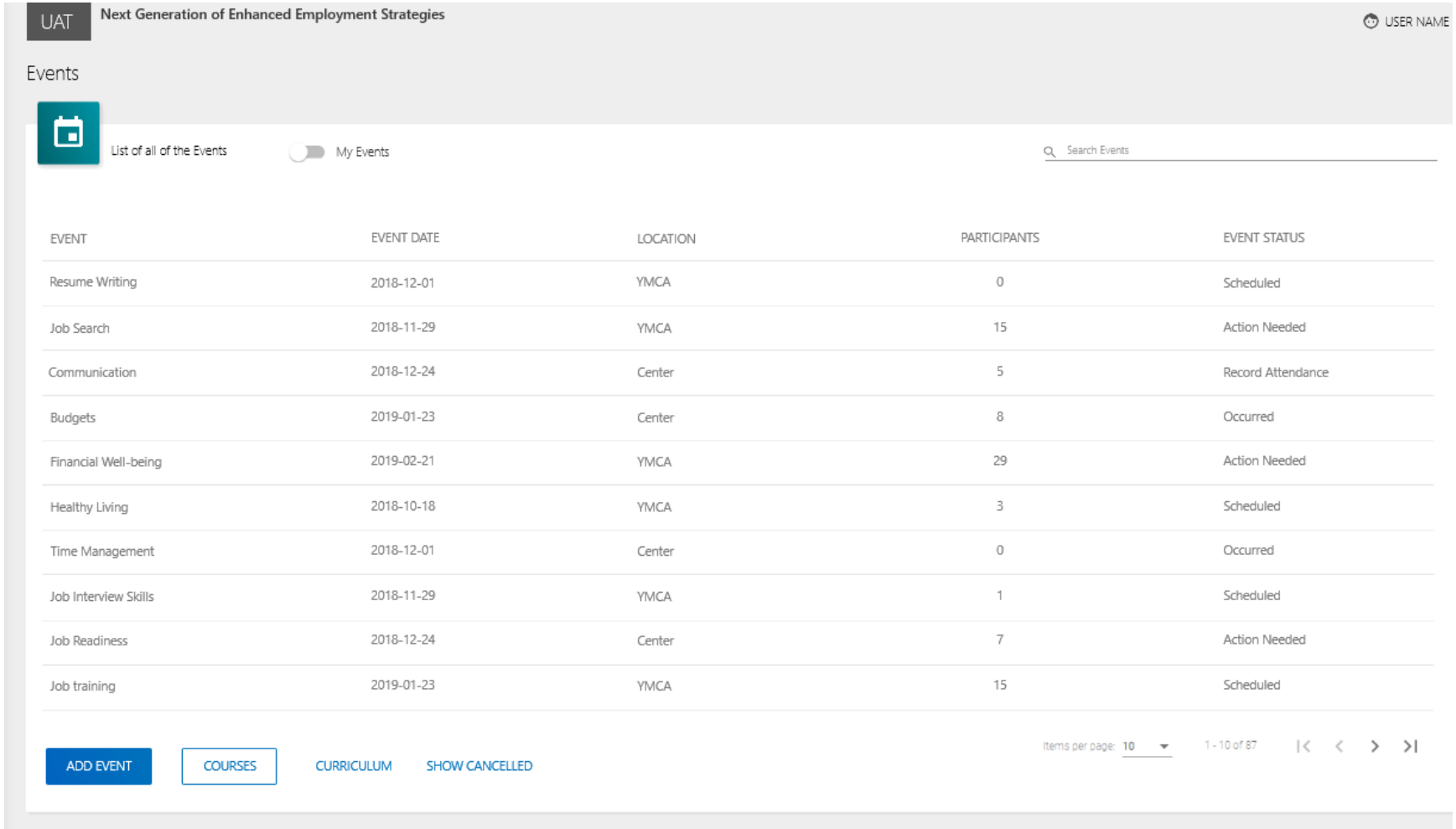
C9. Update participant case status



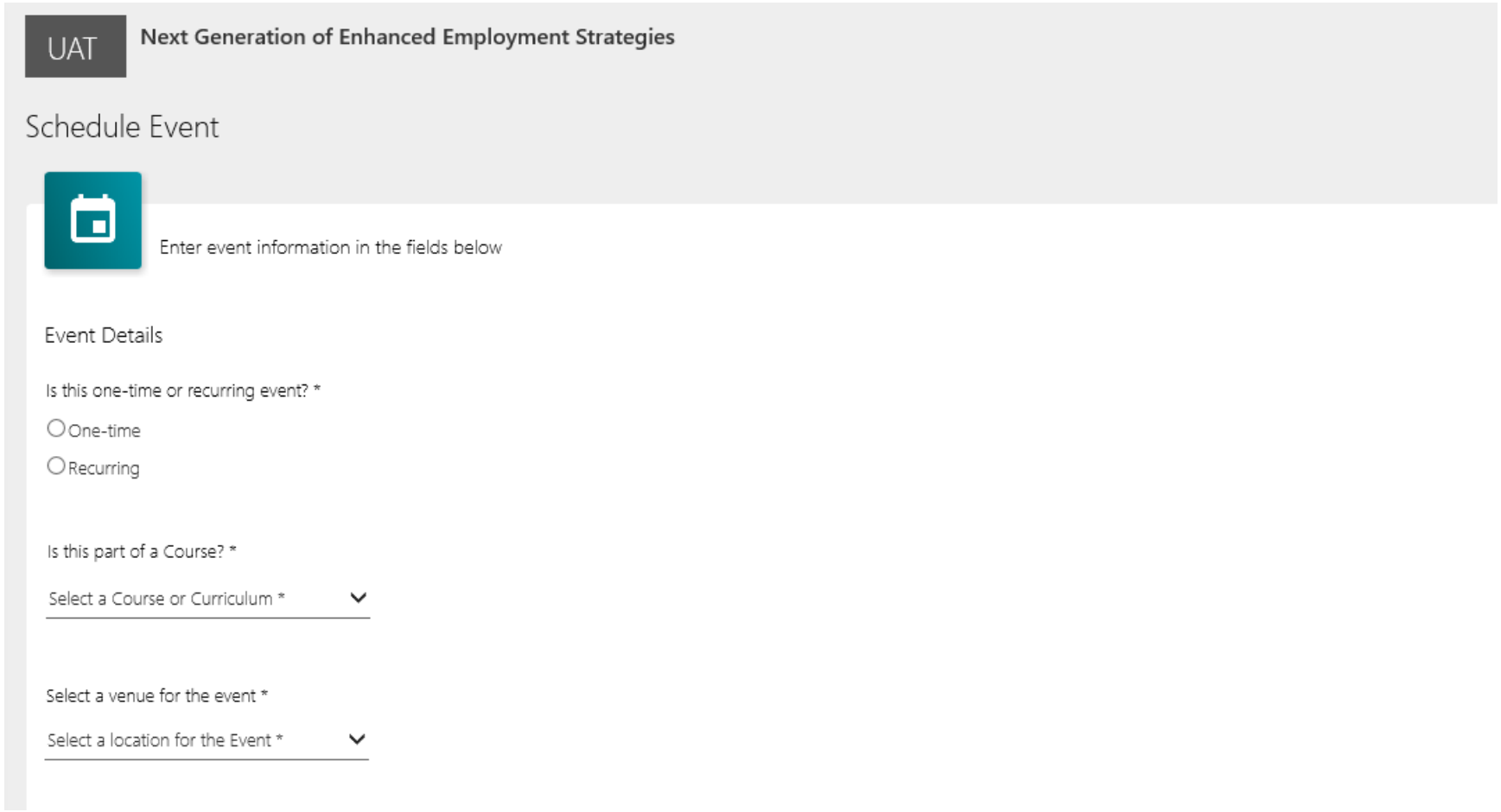

FJ
PARTICIPANT
Fran Jones
Case status is displayed on the participant card which can be seen throughout the participant profile
CASE STATUS
Active
REGISTERED DATE: 2019-03-12
PROGRAM STAFF:
Case Manager - Kendra Haislip
EMAIL: fjones@gmail.com
PHONE: 602-255-1133

Group Events Screens

D1. Group event summary screen



D2. Schedule event screen



Start Date *

MM/DD/YYYY

End Date *

MM/DD/YYYY

Start Time *

hh:mm
AM|PM

End Time *

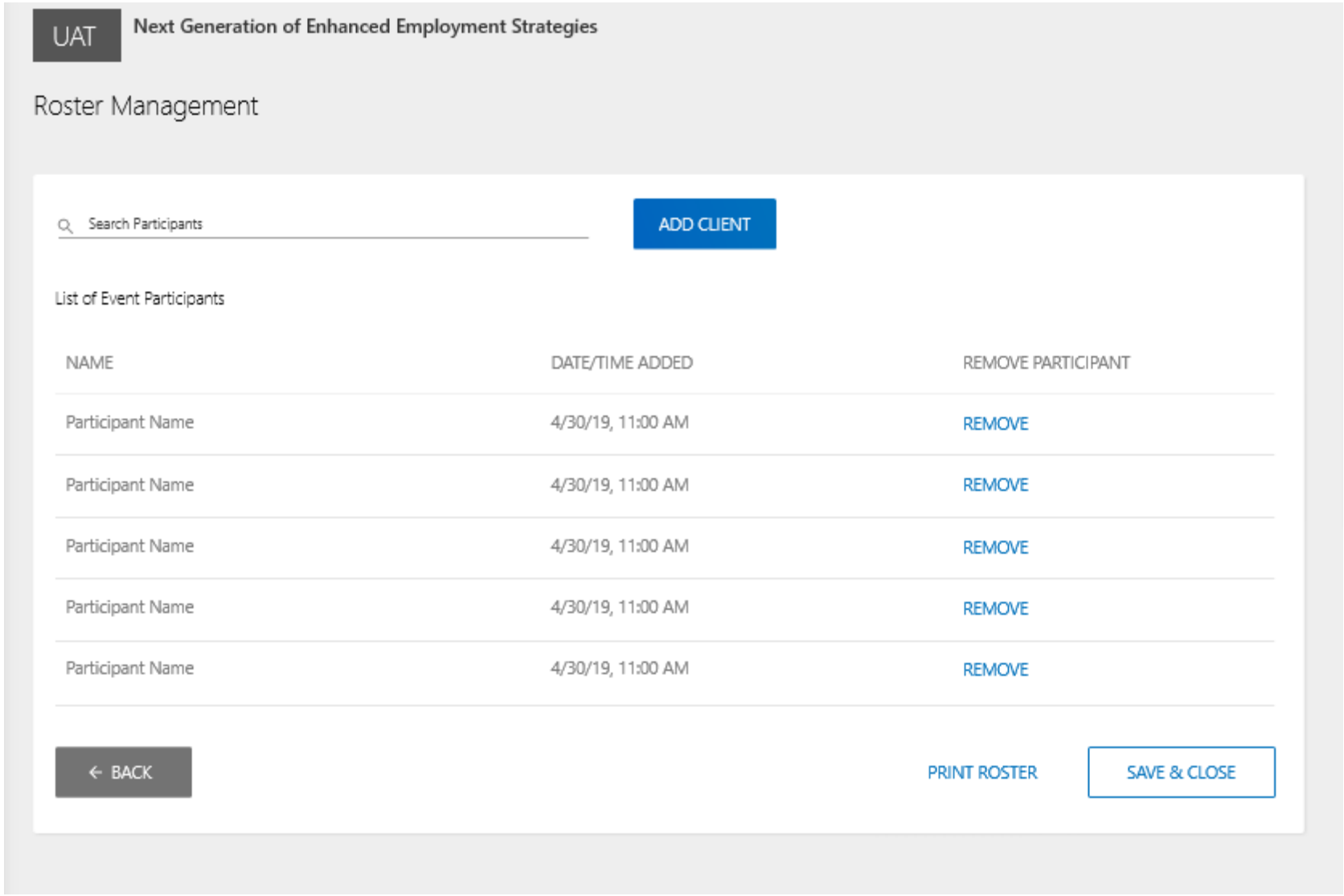
hh:mm
AM|PM

Event Notes

Notes

← BACK

D3. Manage group event roster



D4. Record group event attendance